Overview of Setting Up a Volunteer Mobilization Center

Activation of a VMC

After an Emergency or Disaster

VMC Purpose

- To provide a reception and referral center for emergent, spontaneous volunteers who respond to emergencies or disasters within Whatcom County

- Is an Emergency Worker Program volunteer unit, created in accordance with the Washington Administrative Code (WAC), Title 118, Part 04

2/16/2017

VMC Activation

- Emergency Occurs
- VMC members care for themselves, family, neighbors
  - via CERT and Map Your Neighborhood
- Whatcom County Emergency Operations Center (EOC) Activated
- EOC calls VMC Steering Committee member to activate a VMC facility
  - Provides Incident Number and Location
- Notifies VMC members
  - Via Alert Sense or Radio
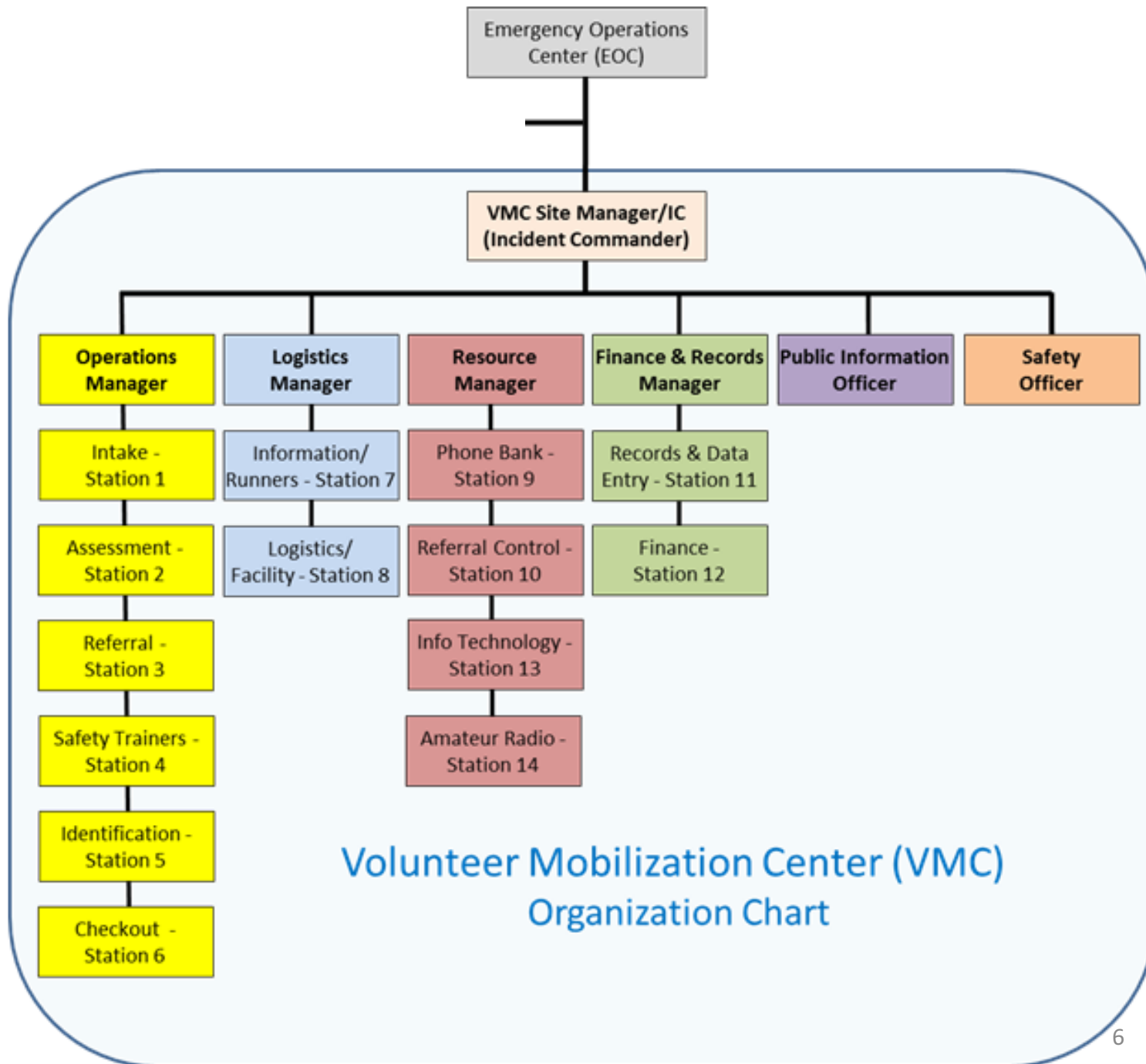 - Bring food and go-bag

7. Under the Bed

VMC Incident Commander (IC)

- First person to arrive
- Gets Go-bags and materials to location
  - Or assigns
- Starts EMD-078 log for everyone who arrives
  - Next Page
- With assigned logistics manager/safety officer reviews VMC-5 Site Assessment form
  - 5 page review and layout of space
  - Decide arrangement of 6 stations for processing
  - See Floor plan slide 8
- Assign arriving help to positions

VMC-12

STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY REPORT

County In Which Mission Took Place:		State Mission Number:	
Mission Name:		Date From:	Date To:
Unit Name:			
Unit Address:			

	EMERGENCY WORKER NAME	CARD NO.	DATE TIME IN	TIME OUT*	DATE TIME IN	TIME OUT*	DATE TIME IN	TIME OUT*	TOTAL HOURS	ROUND TRIP MILES
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

*** Actual Incident Check Out Time.**

| TOTAL PERSONNEL | | TOTAL HOURS | | TOTAL MILEAGE: | |

THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY
By my signature below, I certify that these persons did participate in this mission in accordance with WAC 118-04-220:

Print Name and Title   Signature and Date

EMD-078 (Rev. 01/15)

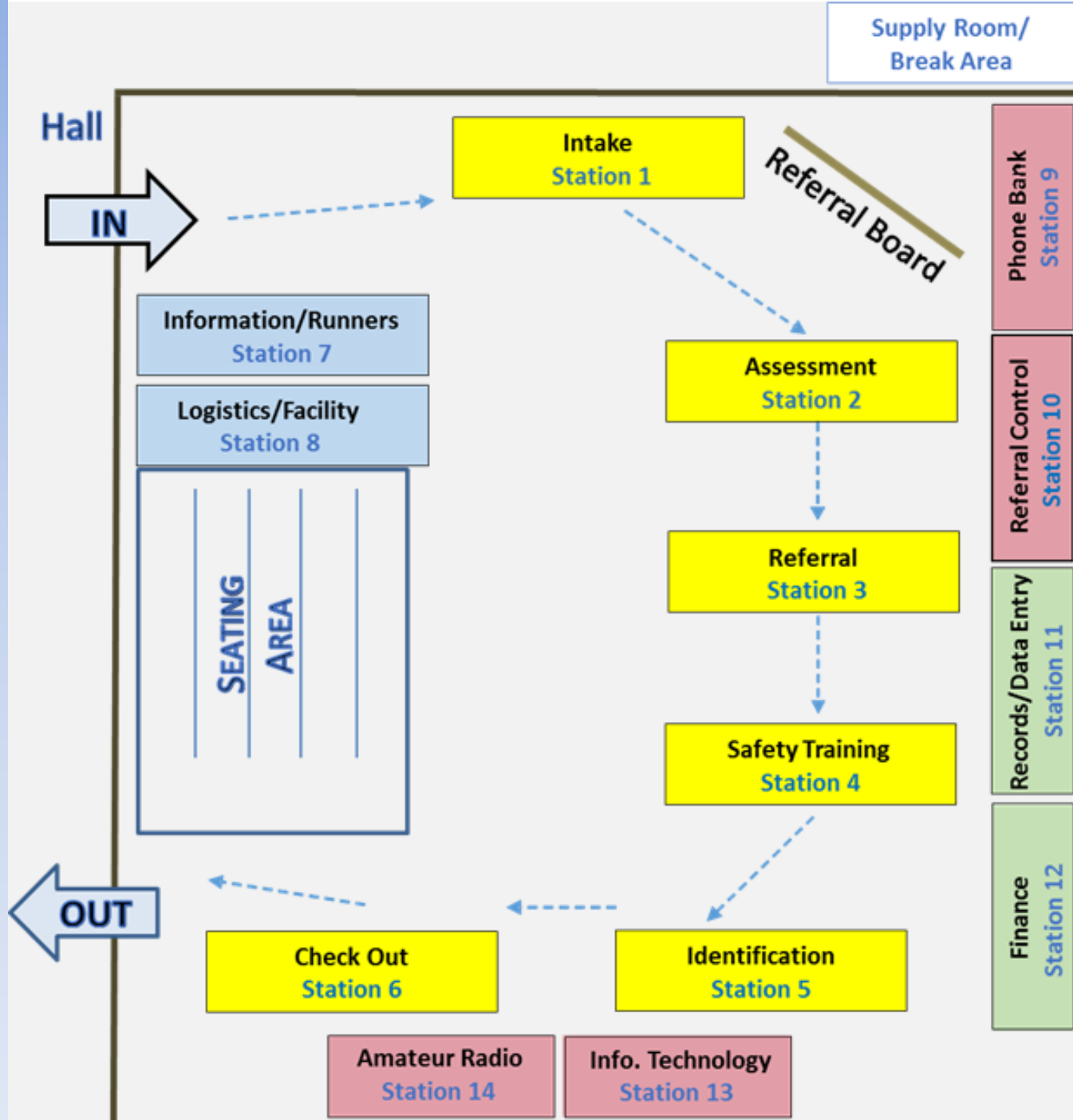Volunteer Mobilization Center (VMC) Organization Chart

VMC Initial Actions

- Connect with EOC call center
  - Radio, phone or cell communication
- Phone bank gets initial jobs from EOC call center
- Signs/forms/staff oriented/vests/parking/ bathrooms/generators/printers/food
- Get ready for people to arrive

Station 1

- Greet
- Screen
- Sign In
- Give Forms

Purpose: *VMC Modification of EMD-078 Emerg Worker Activity Log Sta 1*
Form File: *VMC-20_VMC Modif EMD-078 Emergency Worker Activity Log_01-02-2017.do*
WA State Incident #/Name: _____

FORM VMC-20

VMC Modification of STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY LOG (EMD-078)

County: Whatcom	State Mission Number: See Above
Mission Name: See above	Date From and Date To: See below

Unit Name: Volunteer Mobilization Center

Unit Address: Records Manager Adds

Instructions: Use this form at Station 1 only. Enter a VMC Tracking Number (starting with 1, 2, etc. for each volunteer. If person has an Emergency Worker card available, ALSO list that number. If they have a card, but not with them, leave blank. Time out is from VMC-11 form collected at Station 6, entered by Records Manager.

	EMERGENCY WORKER NAME	VMC TRACKING NUMBER	DATE		IF PERSON HAS AN EMERGENCY WORKER CARD, ENTER NUMBER BELOW & on VMC 11	TOTAL HOURS
			TIME IN	TIME OUT from Sta 6		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

VMC-1
(front)

Station 1

VOLUNTEER MOBILIZATION CENTER
Associated with the Ferndale Community Service Cooperative

Disaster Services

Volunteer Registration Form

Print clearly and complete both sides of this form.

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Sex (female/male)
Email Address		Home Phone (include area code)	Cell Phone (include area code)
Home Address		City	State/Zip Code
Driver License Number	Occupation		Employer
Emergency Contact- Last Name, First Name		Relationship to Volunteer	Emergency Contact Phone

Are you currently affiliated with a disaster relief agency/organization/group? _____YES _____NO
If yes, list the agency/organization/group _____

SKILLS: Check all that apply

Disaster Skills	Office Skills	People Skills	Manual Skills
☐ CERT *	☐ Message Runner	☐ Language (specify below)	☐ Care & Shelter
☐ Safety Assessment	☐ Accounting	☐ Child Care	☐ Heavy Labor
☐ Medical: First Aid, MD, RN, EMT, NP (circle one)	☐ Answering Phones	☐ Animal Care	☐ Driver (List Classes Below)
☐ Shelter Assistant	☐ Data Entry	☐ Medical	☐ Carpentry
☐ Traffic/Crowd Control	☐ General Clerical	☐ Counselor	☐ Plumber
☐ Radio Communications	☐ Computer System	☐ Special Populations (seniors, disabled)	☐ Electrician
☐ HAM Radio License	☐ Supervisory Experience	☐ Interviewer/Customer Service	☐ Debris Removal
☐ Other (specify below)		☐ Legal	☐ Food Prep/Service

* Community Emergency Response Team

Please list licenses, special certifications, languages or other specifics on skills checked above: _____

_____

Special Equipment/Vehicles/Resources you can offer (e.g., chainsaw, generator) _____

_____

DISASTER VOLUNTEER HOLD HARMLESS & RELEASE OF LIABILITY WAIVER

I, _____, voluntarily waive, release, agree to indemnify and hold harmless Whatcom County, the Volunteer Mobilization Center in Whatcom County, the Ferndale Community Service Cooperative, the Opportunity Council, the Volunteer Center of Whatcom County, and Whatcom County Sheriff's Office, Division of Emergency Management, both elected and appointed officials, officers, employees, servants, agents and volunteers from any and all liability claims, demands or cause of actions (including claims for court costs and attorney's fees) whatsoever arising out of or related to any loss, damages, bodily injury or death that may be sustained by me, whether caused by negligence, misconduct or otherwise, which have been committed by either myself or any of the parties named above, as a result of or in any manner connected with, directly or indirectly, my participation in any disaster relief activity and/or disaster response.

In signing this release, I acknowledge and represent that I have read the foregoing waiver and hold harmless agreement; I understand it and sign it voluntarily as my own free act and deed. No oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

☐ I am at least eighteen (18) years of age and fully competent and I execute this release for full, adequate and complete consideration fully intending to be bound by the same. This agreement includes me and all family members from seeking any legal action against the parties named above.

☐ I am not yet eighteen (18) years old. My date of birth is _____. However, I wish to participant in disaster relief activity(s) and/or disaster response(s), and I and my parent(s) or legal guardian(s) _____, have reviewed, understand and knowingly agree to the terms of this agreement, and have signed this agreement accordingly. This agreement includes me and all family members from seeking any legal action against the parties named above.

I agree to follow the rules established by the supervisors and safety personnel, and to exercise reasonable care while participating in this program. I understand that these established rules are in accordance with the Revised Code of Washington (RCW) Chapter 38.52 – Emergency Management, and the Washington Administrative Code (WAC) Chapter 118-04 – Emergency Worker Program. I understand that if I fail to follow the instructors' rules and regulations or fail to exercise reasonable care, I can be administratively removed.

By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding this release or its effect satisfactorily answered. I sign this knowingly and voluntarily, understanding and assuming the risk, and agree to be legally bound by the terms and conditions stated.

_____ _____ _____
Participant's Signature   Print Name   Date

_____ _____ _____
Parent/Legal Guardian Signature   Print Name   Date

A parent or legal guardian for participants under the age of 18 must sign this form

DISASTER VOLUNTEER PHOTO AND VIDEO CONSENT

Whatcom County Sheriff's Office, Division of Emergency Management and the Volunteer Mobilization Center in Whatcom County frequently take photos and/or video footage of volunteers in action during trainings, exercise, actual events, and disaster responses. In addition, each volunteer may be photographed for identification purposes. Photos and/or videos may be used on websites, in newsletters, and other publications. I, _____, sign this knowingly and voluntarily give my permission for Whatcom County Sheriff's Office, Division of Emergency Management and the Volunteer Mobilization Center in Whatcom County in association with the Ferndale Community Service Cooperative to use my photo and/or video as stated.

_____ _____ _____
Participant's Signature   Print Name   Date

_____ _____ _____
Parent/Legal Guardian Signature   Print Name   Date

A parent or legal guardian for participants under the age of 18 must sign this form

(Revised January 12, 2017)

11

VMC-2

Station 1

Station 1

VMC-3

(front)

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction: **WHATCOM COUNTY**				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):	**Social Security Number:**	

E-Mail Address:	
Mailing Address:	

City:		State:	Zip Code:	
Driver's License No.:	**Date of Birth:**	**Blood Type:**	**Sex (M-F):**	PHOTOGRAPH (not required)
Height:	**Weight:**	**Color Eyes:**	**Color Hair:**	
Physical Disabilities (If any):				
Home Phone:	**Work Phone:**	**Cell Phone:**	**Pager Number:**	- In Case of Emergency - **Please Notify:**

I certify that the information on this card is true and correct to my best knowledge and belief.

Emergency Worker Signature:	**Date of Signature:**	Name:
Emergency Worker Assignment (WAC-118-04-110):		Telephone Number with Area Code:
Authorizing Signature:	Local Jurisdiction: **WCSO / DEM**	Date of Signature:	**Relation to Emergency Worker:**

Emd-024 (7/00) (FRONT)

(back)

Station 1

EMERGENCY WORKER TRAINING RECORD		
COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

Emd-024 (7/00) (BACK)

VMC-11

Station 1

Purpose: *Explanation of VMC process to Arriving Volunteers*
Form File: *VMC-11_Volunteer Instruction Checklist 1 per page_09-10-2016.*
WA State Incident #/Name: _____

FORM
VMC-11

Volunteer Instruction Checklist

Date _____ Name _____ Volunteer Tracking Number _____

Time	Initials	Instructions
		Station 1 – INTAKE 1. Determine if you are able to be a volunteer (18 or over and have Gov't-issued photo ID). 2. Sign in, receive a *Volunteer Tracking* number, pick up registration paperwork, and move to *Seating Area* to complete. 3. **Turn in completed forms in the box at Station 2.** 4. **KEEP THIS PAGE (Volunteer Instruction Checklist)** with you until **Station 6. If you need to leave during the process, turn this form in at Station 6 on your way out.** 5. Wait in the *Seating Area* for your *Name or Volunteer Tracking* number to be called by the *Assessment Team* at **Station 2.**
		Station 2 – ASSESSMENT 1. The *Assessment Team* will evaluate your registration forms and briefly discuss your skills and interests with you. Based on *Job Requests* available, you will receive a *Volunteer Referral Form* that notes your volunteer *Job Assignment.* 2. Take all your paperwork and line up at **Station 3** to talk with a *Referral Coordinator.* 3. If no **Job Assignment** is available, you may wait for a *Job Assignment* matching your skills. Move to the *Seating Area* and wait for your *Name or Volunteer Tracking* number to be called.
NOTES RE JOB STATUS:		
		Station 3 – REFERRAL 1. The *Referral Coordination Team* will take all of your paperwork and confirm that it is completed correctly. The *Referral Coordination Team* will make a copy of your driver's license (or other photo ID). You **KEEP THIS PAGE (*Volunteer Instruction Checklist*)** and your *Volunteer Referral* form. 2. Line up at **Station 4** for a *Safety Briefing.*
		Station 4 – SAFETY BRIEFING 1. A *Safety Trainer* will provide a briefing on safety, security, and transportation and give the *Safety Briefing – Instructions for Emergency Workers* sheet to you for reference. 2. Once completed, line up at **Station 5** for *Identification.*
		Station 5 – IDENTIFICATION 1. The *Identification Team* will create a *Temporary Emergency Worker Identification Card* and issue you a completed card. 2. Line up at *Station 6 – Checkout.*
		Station 6 – CHECKOUT 1. The *Checkout Team* will confirm you have your *Volunteer Referral* and *Safety Briefing forms.* The *Checkout Team* will **KEEP THIS PAGE (*Volunteer Instruction Checklist*)** for record.

Always keep this form with you until Station 6.

Station 2 Assessment

- Receive completed forms from SUV's
  - In-box
- Call SUV's one at a time in order
- Match SUV skills with jobs available
- Assign job or jobs

INBOX

VMC-13

Station 2
- Form comes from Referral Control
  - Station 10
- After Phone Bank
  - Station 9

Station 3 Referral

ID Card

Station 3
- Review Forms
- Make Copy of Identification
   - Photo if possible
- Take registration forms
- Staple to ID copy

VMC-14

Station 3

Purpose: List of All Volunteers Assigned to a Specific Referral Request
Form File: VMC-15_VMC Volunteer Tracking by Referral_08-26-2016.docx
WA State Incident # _____

FORM
VMC-15

VMC Volunteer Tracking by Referral

Instructions: To be filled out by Referral – Station 3. List each volunteer assigned to a specific Phone Bank – Referral Request Tracking Number. Use multiple sheets if needed. When volunteers have filled all requested positions and Referral Request is complete, circle 'completed' in the box on the right. Take form to Referral Control (Station 10).

Circle the word, *Completed,* below When All Requested Volunteers are Assigned.

COMPLETED

Phone Bank Referral Request Tracking Number _____
Agency _____
Job Title _____
Number of Volunteers Requested:_____

Emergency Operations Center Liaison _____ called on _____ at _____. By _____
(Name)   (Date)   (Time)   (Initials)

Number	Volunteer Name	Volunteer Tracking Number	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

19

VMC-17

Station 4
Safety

Purpose: *General safety instructions given out at Station 4*
Form File: *VMC-17_Safety Briefing - Instructions for Emergency Workers_08-26-2016.*
WA State Incident #/Name: _____

FORM
VMC-17

**VOLUNTEER
MOBILIZATION
CENTER**

Safety Briefing –
Instructions for Emergency Workers

- If you will be working outside, dress for the weather.

- Boots are <u>recommended</u> to protect from dangerous debris

- Bring:
  - Work gloves
  - Sunscreen
  - Hat / rain / cold weather gear as appropriate
  - Any appropriate tools you have (your tools are your responsibility)

- Bring a personal water container
  - Water may be available at the site but don't assume anything
  - Stay hydrated at all times - it is important that you drink water while working

- Observe and model good personal hygiene behaviors
  - After leaving your work area, wash your hands thoroughly
  - After taking a break, wash your hands thoroughly
  - Expect higher than normal exposure to bacteria

- Be prepared to encounter victims
  - You will be advised upon arrival at the worksite of any possibility of encountering victims
  - Follow the instructions given to you at your job site

- Check in and out with your job assignment supervisor
  - Sign in and out on the daily activity log at your job site
  - Talk with your supervisor if you experience difficulties performing the job
  - Talk with your supervisor if you experience any health concerns while working or if you need to leave for any reason

- Travel safely and watch for abnormal circumstances

- You have signed an oath of confidentiality
  - Please respect the disaster survivors' confidentiality. Do not discuss any confidential or sensitive information you may encounter. This includes no photo or video documentation of confidential or sensitive information.
  - Please do not publicize your involvement in disaster response on social media.
  - If you are approached and asked for a public statement about the response for which you are volunteering as a State temporary emergency worker, please direct the person to your supervisor or the Public Information Officer, unless authorized or directed to share or report on the status of an event.

VMC-16
Station 4

Purpose: *Provides a record of Receipt of Safety Briefings for Volunteers*
Form File: *VMC-16_Safety Briefing - Attendance Sheet_08-26-2016.docx*
WA State Incident #/Name: _____

Safety Briefing – Attendance Sheet

Please Print Clearly

No	Day & Date	Time	First Name	Last Name	Volunteer Tracking Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Station 5 - Identification

- Review Job Referral Form

- Sign Volunteer Instruction Checklist

- Complete **Temporary** Emergency Worker ID Card – for 1 month (if NO EW card already)

VMC-4

	STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD	Photograph N/A	Birthdate: December 25, 1979
Name: **Steven Johnson**			Weight: N/A / Height: N/A
			Color Hair: N/A / Color Eyes: N/A
Is a registered Emergency Worker of:		or Right Index Fingerprint	Social Security No.: XXX-XX-XXXX
Department: WHATCOM COUNTY SHERIFF'S OFFICE DIVISION OF EMERGENCY MANAGEMENT		Emergency Worker Assignment (WAC 118-04): **TEMPORARY EMERGENCY WORKER**	
Authorizing Signature:		Bearer's Signature:	
Date Issued: **15 Oct 2015** / Date Expired: **15 Nov 2015** / Card No.: **15-45456-V0015**			
EMD-025 (7/00) (Front)		EMD-025 (7/00) (Back)	

SAMPLE CARD ONLY

Station 5 Form

VMC-19 Tracking Temporary Emergency Worker Cards

Purpose: List of Emergency Worker Cards, Volunteer names, & Referrals
Form File: VMC-19_VMC Emergency Worker Card Tracking_10-28-2016.docx
WA State Incident # _____

FORM
VMC-19

VOLUNTEER MOBILIZATION CENTER

VMC Emergency Worker Card Tracking

Instructions: To be filled out at Identification – Station 5. List each volunteer given a Temporary State Emergency Worker Card by name and Volunteer Tracking number (also on the card). Include the position referred and the position referral number.

No.	Volunteer Name	Volunteer Tracking Number/Emergency Worker Card Nos.	Gave a Temporary Worker Card Yes/No	Position Referred to Work	Referral Tracking Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

VMC-11

Station 6
Keeps this
form now for
everyone

FORM
VMC-11

Volunteer Instruction Checklist

Date _____ Name _____ Volunteer Tracking Number _____
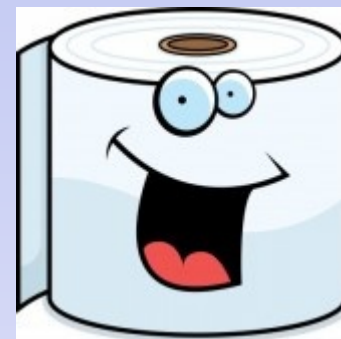
Time	Initials	Instructions
		Station 1 – INTAKE 1. Determine if you are able to be a volunteer (18 or over and have Gov't-issued photo ID). 2. Sign in, receive a *Volunteer Tracking* number, pick up registration paperwork, and move to *Seating Area* to complete. 3. Turn in completed forms in the box at **Station 2**. 4. **KEEP THIS PAGE (Volunteer Instruction Checklist)** with you until **Station 6**. If you need to leave during the process, turn this form in at **Station 6** on your way out. 5. Wait in the *Seating Area* for your *Name or Volunteer Tracking* number to be called by the *Assessment Team* at **Station 2**.
		Station 2 – ASSESSMENT 1. The *Assessment Team* will evaluate your registration forms and briefly discuss your skills and interests with you. Based on *Job Requests* available, you will receive a *Volunteer Referral Form* that notes your volunteer *Job Assignment*. 2. Take all your paperwork and line up at **Station 3** to talk with a *Referral Coordinator*. 3. If no Job Assignment is available, you may wait for a *Job Assignment* matching your skills. Move to the *Seating Area* and wait for your *Name or Volunteer Tracking* number to be called.
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		Station 4 – SAFETY BRIEFING 1. A *Safety Trainer* will provide a briefing on safety, security, and transportation and give the *Safety Briefing – Instructions for Emergency Workers* sheet to you for reference. 2. Once completed, line up at **Station 5** for *Identification*.
		Station 5 – IDENTIFICATION 1. The *Identification Team* will create a *Temporary Emergency Worker Identification Card* and issue you a completed card. 2. Line up at *Station 6 – Checkout*.
		Station 6 – CHECKOUT 1. The *Checkout Team* will confirm you have your *Volunteer Referral* and *Safety Briefing forms*. The *Checkout Team* will **KEEP THIS PAGE (Volunteer Instruction Checklist)** for record.

Always keep this form with you until Station 6.

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Other Stations & Positions

- Incident Commander/Managers
  - Blue vests
- Public Information Officer
  - Keeps in contact with Joint Information Center
- Safety Officer for Event
  - Safety Officer - nothing but safety
- Logistics & Facility
  - Toilet paper/ forms/ coffee
- Information Technology (IT)
- Amateur Radio
- Records & Data Entry
- Finance

When You Leave

- Train replacement staff in what you do

- Take vest back to 'staff area'

- Sign out on form EMD-078

- Know when/if you are to return to staff another day

- Always take care of yourself and your family/friends

After VMC Closes

- Take all forms written on and give to Records Manager

- Put all clean forms away in Station's folder

- Pack equipment into go-bags
  - See equipment list on each bag

- Logistics checks afterwards to resupply forms

Questions?